FORM D

1159436

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

TICE OF SALE OF SECURITIES URSUANT TO REGULATION D, SECTION 4(6), AND/OR



SEC USE ONLY				
Prefix		Serial		
DAT	L E RECEIV	ED		

UNIFORM	LIMITED	OFFERING	EXEMPTION
OTHE OTHER		OLLDING	TOTAL DISTRICT

Warrants to Purchase Preferred Stock
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment (No. 1)
A. BASIC IDENTIFICATION DATA
Enter the information requested about the issuer
Name of Issuer cap-XX, Inc. (check if this is an amendment and name has changed, and indicate change.)
Address of Executive Offices: (Number and Street, City, State, Zip Code) Units 9 & 10, 12 Mars Road, Lane Cove, NSW 2066 Australia Telephone Number (Including Area Code) 61 (2) 9420-0651
Address of Principal Business Operations: (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business: Development, marketing and production of advanced electronics
Type of Business Organization Corporation Dusiness trust Corporation Dusiness trust Dusiness tru
Actual or Estimated Date of Incorporation or Organization: Month Year

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing partner of partnership issuers. □ Director Check Box(es) that Apply: Promoter Beneficial Owner □ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Kongats, Anthony Business or Residence Address (Number and Street, City, State, Zip Code) c/o Units 9 & 10, 12 Mars Road, Lane Cove, NSW 2066 Australia Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Aaron, Allen Business or Residence Address (Number and Street, City, State, Zip Code) c/o Level 4, Nokia House, 19 Harris Street, Pyrmont NSW 2009, Australia Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Loo, Hock Voon Business or Residence Address (Number and Street, City, State, Zip Code) c/o 16-03 BP Tower, 396 Alexandra Road, Singapore 119954 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Staal, Marc Business or Residence Address (Number and Street, City, State, Zip Code) c/o Van Breestraat 78, 1071 ZS, Amsterdam, The Netherlands Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Quinn, Michael Business or Residence Address (Number and Street, City, State, Zip Code) c/o Suite 401, 35 Lime Street, Kings Wharf NSW 2000 Australia Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Campbell, Chris (Number and Street, City, State, Zip Code) Business or Residence Address c/o Units 9 & 10, 12 Mars Road, Lane Cove, NSW 2066 Australia ☐ General and/or Check Box(es) that Apply: Promoter Beneficial Owner □ Director Executive Officer Managing Partner Full Name (Last name first, if individual) Ducon Management Pty. Business or Residence Address (Number and Street, City, State, Zip Code)

c/o 3/685 Pittwater Road, Dee Why, NSW 2099 Australia

Check Box(es) that Apply: Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)								
Intel Pacific, Inc.								
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 32/F, Two Pacific Place, 88 Queensway, Hong Kong								
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)								
TVP No. 2 Fund Nominees Pty. Limited								
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)						
c/o Level 4, Nokia House, 19 Harris Street, Pyri		•						
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)								
ABN AMRO Capital (Belgium) N.V.								
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)						
c/o Regentlaan 53, 1000 Brussels, Belgium								
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)								
Pacven Walden Ventures V, L.P.								
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)						
c/o 16-03 BP Tower, 396 Alexandra Road, Sing	gapore 119954							
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)								
Renwhite Pty. Limited								
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)						
c/o Level 32, AMP Centre, 50 Bridge Street, Sy	dney, NSW 2000 Austra	lia						
Check Box(es) that Apply: Promoter	⊠Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)								
Intel Capital Corporation								
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)						
2200 Mission College Blvd, Santa Clara, Ca	A 95052							
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)								
TVP No. 3 Fund Nominees Pty. Limited								
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)						
Level 4, Nokia House, 19 Harris Street, Pyr	mont NSW 2009, Austr	alia						
Check Box(es) that Apply:	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, if individual)								
Acer IP Fund One								
Business or Residence Address (Number	and Street, City, State,	Zip Code)						
167 Tun Hwa N. Road, 7 th Flr, B Room, Taipei, Taiwan								

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if individual)							
Innovation Capital Limited							
Business or Residence Address (Number and Street, City, State, Zip Code)							
35 Lime Street, Kings Wharf, NSW 2000, Australia							

B. INFORMATION ABOUT OFFERING													
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes No					
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									ΦN1/A				
2. WIII	at is the in		restitient	mat will o	e accepted	i iioiii aiiy	marridua			*******	,		<u>siv/A</u> Yes No
			-	•	_								
sion to b list t or d	or similate listed is the name ealer, you	r remunera an associ of the bro may set fo	ation for so iated perso ker or dea orth the in	olicitation on or age aler. If m formation	of purchant of a bro nore than t	sers in co oker or de five (5) pe oker or de	or will be nnection vealer regist ersons to lealer only.	vith sales of tered with be listed a	of securities the SEC	es in the o and/or wi	ffering. It	f a person or states,	
Full Na	me (Last r	iame first,	if individ	ual)		N/A							
Busines	s or Resid	ence Addi	ress (Num	ber and St	treet, City,	State, Zip	Code)						
Name o	f Associat	ed Broker	or Dealer										,,,,,
States in	n Which P	erson List	ed Has So	licited or	Intends to	Solicit Pu	ırchasers						
(Ch	eck "All S	tates" or o	heck indi-	zidual Sta	tes)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	נעזרן נעזרן	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	Full Name (Last name first, if individual)												
Busines	s or Resid	lence Add	ress (Num	ber and S	treet, City,	State, Zij	Code)						
Name o	f Associat	ted Broker	or Dealer								<u></u>		
States in	n Which P	erson List	ed Has So	licited or	Intends to	Solicit Pr	irchasers						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							All States						
,					·								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	· [MN]	[MS]	[MO]	
[MT] [RJ]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
[[1]	[3C]	[من	[114]	[IA]	[01]	[1]	[YA]	[WA]	[44 4]	[** 1]	[** 1]	fi ivi	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amou already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchan offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securit offered for exchange and already exchanged.	ige	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ <u>9</u>	\$ <u>9</u>
	☐ Preferred		
	Convertible Securities (including warrants)	\$ <u>134,510</u>	\$ 80,715
	Partnership Interests		\$
	Other (Specify)	· · · · · · · · · · · · · · · · · · ·	\$
	Total		\$ 80,715
	Answer also in Appendix, Column 3, if filing under ULOE	·	
2.	Enter the number of accredited and non-accredited investors who have purchased securit in this offering and the aggregate dollar amounts of their purchases. For offerings und Rule 504, indicate the number of persons who have purchased securities and the aggregated ollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero.	ler ate	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$ <u>134,519</u>
	Non-accredited Investors	-0-	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE	•	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (1 months prior to the first sale of securities in this offering. Classify securities by type list in Part C - Question 1.	2) ed	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation AN/A		<u> </u>
	Rule 504N/A		\$ \$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution in this offering. Exclude amounts relating solely to organization expenses of the issuer. may be given as subject to future contingencies. If the amount of an expenditure is not knestimate and check the box to the left of the estimate.	The information	-
	Transfer Agent's Fees		□ \$
	Printing and Engraving Costs		\$
	Legal Fees		⋈ \$2,500
	Accounting Fees		⋈ \$200
	Engineering Fees		□ \$
	Sales Commissions (specify finders' fees separately)		 \$
	Other Expenses (identify) Finders' fees		□ \$
	Total		<u> </u>

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEED	s	
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>131,819</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.			
		Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees	☐ \$		\$
	Purchase of real estate	□ \$		\$
	Purchase, rental or leasing and installation of machinery and equipment	\$		\$
	Construction or leasing of plant buildings and facilities	S		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$		\$
	Repayment of indebtedness	S		\$
	Working capital	□ \$	\boxtimes	\$131,819
	Other (specify)	□ \$		\$
		□ s		\$
	Column Totals	⊠ \$ <u>-0-</u>	\boxtimes	\$ <u>131,819</u>
	Total Payments Listed (column totals added)	⊠ \$1	31,8	<u>19</u>

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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) cap-XX, Inc.	Signature Constituell:	Date May 14 , 2004
Name of Signer (Print or Type) Chris Campbell	Title of Signer (Print or Type) Secretary and	Chief Financial Officer

ATTENTION

Intentional misstatements or omissions of facts constitute federal criminal violations. (See 18 U.S.C. 1001.)